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Qualitative evaluation of KA24 (Knowledge Access 24)

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Qualitative evaluation of KA24 (Knowledge Access 24)

PROJECT REPORT
for

KA24 Project Board
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Glossary

Dialog	Supplier of databases for the National Core Content
FE	Further Education
HE	Higher Education
HILO	Name for knowledge service (databases plus access to journals) provided in the London region: Health Information for London Online
KA24	Knowledge Access 24
NCC	National Core Content package for the NHS in England, started April 2003, excludes the KA24 area in the first year
NeLH	National electronic Library for Health
NHS-U	NHS University
NVQ	National Vocational Qualification
Ovid	Name of main database supplier/aggregator service for the KA24 service
PC	Personal Computer
Proquest	Supplier of full text aggregated journals for the National Core Content
PubMed	Free version of MEDLINE offered through National Library of Medicine, USA
TRIP	Evidence-based resource – clinical questions and answers
WDC	Workforce Development Confederation
ZETOC	Current awareness service for 'current contents' of journals selected by the user

1 Executive summary

Aims and objectives of evaluation

The aim of the project was to examine patterns of usage, to explore reasons for high and low usage to examine how the benefits of use relate to policy objectives for clinical governance, continuing professional education and quality of patient care.

The objectives were to:

- re-assess the enablers and barriers to KA24 use.
- assess the impact of the service on patient care (in terms of improved clinical competence, improved governance arrangements, and quality of patient care)

Scope of the evaluation

Interviewees were identified through the online survey carried out in May 2003, and the 65 interviewees (56 users, 9 library managers) represented a broad spectrum of users (regular, infrequent, first-time, non-users and library service support). A questionnaire survey was intended to complement the interviews, and this was partially successful, although only 296 out of 700 (response rate 42.3%) forms were returned in time for analysis.

The analysis is set in the context of both the First Year Evaluation Report and also the main findings of the online survey conducted in May 2003 by the KA24 team.

Key messages

Publicity and registration

Library staff appear to be informing potential users of the service, and information sheets in the library are also used. Supplemental advertising such as flyers, or posters were mentioned (though rarely) – there may be a subconscious registering of information in a payslip but it seems likely that general campaigns such as putting information in payslips has to be accompanied by more direct promotion. Most libraries saw only one new user a day, which implies that clinical champions or contacts need to be used to reach more potential users.

Publicity campaigns should (if they are not already doing so) focus on departments where there is likely to be more intensive usage of KA24. Champions there might take responsibility for ensuring other colleagues know about the service and get registered.

Examples of possible enthusiast departments identified in the survey include:

- practice development units
- clinical audit
- research projects (including systematic review projects) / research nurses
- clinical governance
- medicines information/pharmacies

Registration poses a few problems. If the service wishes to profile usage via password use patterns, then more effort needs to go into ensuring that individual users are registered, and that they can re-register or transfer their registration when they move to another hospital within the WDC. This would avoid the fairly common practice of password sharing, when registered users allow other staff access to the service on the registered user's password.

Expectations of the service

If the name of the service should reflect the expectations that most registered users have of the service, then the name should reflect 'access to full text journal articles' as that is the main attraction, with databases secondary. If the service decides that a new image and new name is desirable then we recommend that the name should convey both the 'feel' of the service as well as what it is offering. For example, KA24 does convey the message that '24 hour access' is a key feature and the name is rather like a road name which also conveys the message that this service is about getting you places where you need to go.

The key benefit now for users of the KA24/HILO service is access to journal articles, with database access second. The key problem at present is managing unrealistic expectations. Ideally, any new name for the service needs to get both those messages across – the service is great for getting journal articles, but you can't 'have it all'.

Experience of the service

Experience of the service is largely unproblematic. The bad experiences are those associated with dealing with the main expectation of the service – obtaining full text. Timing out was mentioned as a difficulty for some daily users, for the less frequent users failing to obtain the full text journal articles they think should be there may be viewed as a technical problem.

For most, however, the time savings are a key feature of the service, and even those who (apparently) search infrequently appreciated the fact they could search from home, or from their desks. The questionnaire data also indicated that few feel the service is difficult to use, although the strength of opinion on other aspects also suggested that they have insufficient experience of using the service to judge properly. The May online survey suggests that the majority of users are using the service between 2 and 6 times a month. However, the responses to that survey were dominated by acute trusts, and there may be pockets of problems among mental health trusts, primary care trusts and ambulance trusts as responses from those types of trusts were much lower.

Clinical benefits realisation

There is some evidence of changes to routine practice to incorporate use of KA24 as an integral part of routine clinical or professional practice, but only among the daily users, and particularly among the research active. The questionnaire data confirmed those trends, with over one in four using KA24 for research related purposes, and one in four (not necessarily the same group) frequently using KA24 in work.

KA24 is used for a variety of reasons – CPD and coursework, clinical guideline development, clinical governance activities, general updating and nearly one in five of the questionnaire respondents reported that they occasionally use KA24 for direct patient care queries. The findings from the May online survey reflect that pattern.

To provide more benefits, KA24 enhancements would need to make searching easier and faster for clinical, management and research purposes (more cross database searching, seamless linking to full text articles across databases).

As indicated earlier, for most users the key attraction is access for full-text articles. Researchers coming from an HE background compare, sometimes unfavourably, the KA24/HILO journal collections with those available in HE. More psychiatry and psychology journals would please mental health and primary care staff.

Working patterns and access to the Internet

The number of regular Internet users across the interviewees was startling, and confirmed by the questionnaire data which indicated that nearly three in four of the questionnaire

survey respondents used the Internet at least once a week. KA24 is likely, therefore, to be viewed as a search engine, although a special type of search engine.

Nearly two thirds of the questionnaire respondents could access the Internet from home, and nearly half from their own PC at work. A third had access to a shared PC, or a public PC at work. Only 6% reported problems in access to a PC at work, although some staff in mental health trusts reported they had no option but to use the KA24 service from home. The May online survey findings also reflect the importance of home-based access.

There was some evidence that users were beginning to shift towards more reliance on KA24 and less on paper-based resources – more so for journals than for books. Several of the more active users made suggestions on how to improve KA24 so that it become more tightly integrated into their way of working and researching. Customisation, and integration into other software they are using were the features mentioned.

Training and support

Those who had received training from the library had found this useful, but a large proportion of the interviewees did not see the need for formal training, particularly when this is difficult to undertake with the variable nature of their clinical workload. Nearly one in ten of the questionnaire respondents did not see the need for training at all. Around half the questionnaire respondents had received some sort of the training, usually informal training from the library on an 'as and when' basis. Interestingly, and probably a reflection of the amount of searching done at home, questionnaire respondents used the online guides within the databases as much as advice from colleagues. Working through tutorials was not as popular as specific advice when required, presumably. Adding up the figures from the questionnaire survey suggests that there is a training gap. If 50% have received some training, 10% are not interested at all, and around 10-20% are making use of online guidance or colleagues' advice, then that leaves 20-30% (probably nurses, particularly in community and primary care) who might appreciate some training.

As one of the main advantages to the users of using KA24 is saving time, over other means of obtaining the same information, several expressed interest in some assistance or advice on 'shortcuts' or more advanced features they could use to save time and obtain a better focused search. Libraries might promote 'help-desk' support more, as that would give them better insight into the routine problems (and successes) experienced in their locality.

There are many similarities across all the groups (daily users, first time, infrequent, and non-users) in general feelings of competence and confidence in searching. It cannot be assumed, therefore, that a first-time user is a novice searcher, nor that infrequent users see themselves as such. It might be more appropriate to target training and support according to the type of activities or purposes, rather than the competence and confidence of the users. For example, several groups of users could be identified from the interview data:

- A) Novices, possibly using KA24 to help in coursework, with less confidence using computers (often nurses)
- B) Internet-savvy, using KA24 for coursework and also some research at work (often allied health professionals)
- C) Research active/researchers/ audit or practice development, using KA24 on a regular basis for work, likely to have had (or to have) experience of HE facilities
- D) Infrequent or occasional users who use KA24 for clinical practice or personal research interest as a supportive activity, and may use other resources (could include GPs)
- E) Information professionals (including medicines information and library staff)
- F) Junior doctor 'bright sparks' (often have good ideas for service enhancements)

2 Methods

2.1 Scope of project

The aim of this more qualitative element of the KA24 evaluation was to provide more detail about the outcomes of use, to find out how staff may, or could, be changing attitudes towards seeking evidence in routine practice. The registration figures suggest that the groups who have traditionally been considered the groups least well served by library and information services are still among the laggards. However, there are differences between workforce development confederations, which suggests that there may be other differences, or other approaches to making the benefits of use of KA24 services more apparent to the various user groups.

The scope of the project was informed by:

- KA24 First Year Evaluation Report (March 2003), based mostly on quantitative data on usage, with some information gained from the results of an online survey in October 2002

A later online survey was conducted in May 2003. The results for this were made available to the project team and we have made use of these in the analysis.

KA24 is intended to improve access to evidence-based resources for health and social care staff working the London and South East regions (covering eight Workforce Development Confederation areas). At the time of the evaluation there were 8 core databases (MEDLINE, CINAHL, PsycInfo, EMBASE, BNI, AMED and HMIC), and 25 core journals for the entire KA24 service. The London area (under the HILO name) has additionally purchased access to around 200 more e-journals and 6 textbooks (e-books); and users in Kent, Surrey and Sussex also had access to 140 more e-journals. From May 2003, all users had access to the Proquest journals from the NCC although these were not linked to the KA24 databases.

The main points relevant to the qualitative evaluation from the First Year Evaluation report are:

- The percentage of the workforce registered is higher in the acute sector than in other health care sectors. The percentage registered varies between WDC areas and between individual trusts within a WDC.
- Most respondents to the survey were satisfied with the service but would like more full-text journals made available. This was particularly so in London where users had more journals anyway.
- The range of resources in KA24 may not be relevant to some groups of health care staff (such as managers).
- The National Core Content service started in April 2003, and KA24 will be integrating with this service (led through NeLH).
- There has been a slower take-up than hoped among primary care staff, and community staff (largely mental health staff), although the number of registrations is, overall, encouraging.
- Patient care was one of the main reasons for using the service. Of 1047 respondents, 194 reported the information was for direct patient care, 293 reported that the reasons had included patient care, 257 wanted the information for research, 149 for a course and 63 for general updating.

2.2 Aims and objectives

The aims of the project were to examine the reasons for the patterns of take-up and usage among staff groups and NHS sectors (e.g. primary care), and to examine how the benefits of use relate to policy objectives for clinical governance, continuing professional education and quality of patient care.

The objectives were to:

- re-assess the enablers and barriers to KA24 use. For example, research staff and staff on courses might be expected to make more use of the databases, but for some staff use might be expected to be more occasional. Are differences in use, for the same user group, across the workforce development confederations attributable to pre-existing ways of working, IT development history, promotion of the service and registration procedures, or models of training and support?
- assess the impact of the service on patient care (in terms of improved clinical competence, improved governance arrangements, and quality of patient care).

2.3 Methods

The methods proposed in the tender included:

- interviews with a stratified (and randomly selected) group of 20-30 users (by trust, profession, and including active and less active users). (Sample to be based on those users who had been active in the previous three months, as they should presumably have a better memory of their reasons for using the system).
- interviews with 5 librarians (randomly selected) responsible for registration, promotion and training.
- short questionnaire to complement the interviews, in view of the time constraints on the evaluation.

After discussions with the project team, including a teleconference on 12 June 2003, the following plans were agreed, to optimise the number of interviewees:

- interviews with 30 daily users of KA24, 10 first time users, 10 infrequent and less experienced users (to be drawn from around 100 names - 40 acute hospital staff, 40 primary care and 20 mental health/specialist trust) (total number of target interviews 60, rather than the original 30). (Target 50 interviews) A group of 10 non-users would be included for interview if these could be identified.
- questionnaire to be sent to a group including those not registered for KA24 (700 in sample, drawn from all the workforce development confederations covered by KA24, and including a range of types of trust for each).
- interviews with librarians (5-10) responsible for training and publicity

The interview schedule (Appendix 1) was intended to cover the main points requested for the evaluation:

- publicity and registration – is this an easy process? (Question 1)
- expectations – is the target marketing and promotion correct? (Question 2)
- experience of use – where is additional support required and are there priorities for useability improvements? (Question 3)
- benefits realisation – just how does the service benefit patient care and clinical governance, and what are the barriers (Question 4)
- working patterns – is KA24 fitting into work practice/routines – whom else do users ask, and where else do users look ? (Question 5)
- training and support – does this appear effective? (Question 6)
- perceptions of confidence and competence – do some users value additional support or mediated searching? (Question 7)

The questionnaire (Appendix 2) was intended to complement the interviews, by examining:

- reasons for registering but not using the service
- reasons for not registering
- good and bad experiences of using the service
- support required.

2.3.1 Sampling

In the online survey conducted in May 2003, respondents were asked if they were willing to be contacted for interview, and if so, to provide contact details. The sampling was essentially a convenience sample, although care was taken to include a range of sites (acute, primary care, mental health and other) and type of occupational role. Interviewees were contacted by telephone and a time for interview was arranged.

For the questionnaire survey, sites of high, medium and low activity across the workforce development confederations. Postal questionnaires were distributed in batches to librarians (mostly in acute trusts) who had volunteered to help, with instructions to target a variety of types of user (by frequency of use and job role). Other questionnaires were sent to a list of addresses provided by the KA24 team.

2.3.2 Response rates

The number of interviews obtained was 65 in total (56 for users, 9 for library managers) (Table 1). Response rate for the questionnaire survey was 42.8% (296/700) overall. The response rate from the questionnaires administered by the librarians was considerably better than the address list batch.

Category of user	Totals	Daily user	Infrequent	First time	Non-users	Library managers
Consultant	5	2	1	1	1	
GP	1	0	1	0	0	
Practice Nurse	0	0	0	0	0	
Junior doctor	7	4	2	1	0	
Hospital Nurse or Midwife	11	2	3	5	1	
Community Nurse or Midwife	1	0	0	1	0	
Allied Professional	10	6	3	0	1	
Scientific or Technical	4	2	0	1	1	
Researcher	2	0	0	0	2	
Manager/admin	4	2	0	1	1	
Information Professional	20	11	0	0	0	9
Other						
TOTAL	65	29	10	10	7	9
Acute n=36 Primary Care (PC) n=11 Mental Health (MH) n=6 Other n=3 (including Ambulance, Social Services, HE-related)		Acute n=20 PC n=4 MH n=3, Other n=2,	Acute n=7 PC n=3	Acute n=5 PC n=2, MH n=2 Other n=1	Acute n=4, PC n=2, MH n=1	

Table 1 Distribution of interviewees by role and type of usage

Site (WDC)	Total questionnaire respondents	Total interviewees, of which:	Daily users	Infrequent	First time	Non users	Librarians
Thames Valley (BOB)	40	6	1	2	1	1	1
Hampshire & Isle of Wight (HIW)	22	6	2	0	2	0	2
Kent Surrey & Sussex (KSS)	78	12	5	2	1	2	2
North West London (IWL)	51	16	9	2	3	1	1
North Central London (NLC)	15	8	3	1	2	1	1
South East London (SEL)	39	12	6	2	0	2	2
South West London (SWL)	25	2	2	0	0	0	0
North East London (TPM)	26	3	1	1	1	0	0
Totals	296	65	29	10	10	7	9

Table 2 Distribution of interviewees and questionnaires by area (WDC)

Category of user	Number received	Percentage of total (%)
Consultant	17	5.8
Junior doctor	24	8.1
Hospital Nurse or Midwife	74	25.0
Allied Professional	7	2.4
Pharmacist	63	21.3
Manager/admin	17	5.8
GP	29	9.8
Practice Nurse	6	2.0
Community Nurse or Midwife	6	2.0
Scientific or Technical	5	1.7
Researcher	18	6.1
Information Professional	12	3.0
Student nurse/medical student	13	4.4
Clinical attachment/observer	3	1.0
Other unspecified	2	0.7
TOTAL	296	

Table 3 Distribution of questionnaires by role

2.3.3 Data analysis

Interviews were recorded, with the interviewee's permission, and the interviews transcribed fully. Themes, corresponding to the objectives of the evaluation were highlighted, and the evidence for and against was collated.

The questionnaire data was entered into an Excel spreadsheet, for simple descriptive statistical analysis.

The results for the May online survey were also put into a spreadsheet and the results tallied in the same way as the questionnaire data. The full summary results for the May online survey are in Appendix 3.

3 Results

3.1 Background information May 2003 online survey

The 738 responses from those indicating that they would be willing to be contacted have been grouped into 'daily users' (Section 3.1.1), infrequent users (using KA24 less than once a month) (Section 3.1.2), those using KA24 on a variable basis or somewhere between a couple of times a week to once a month (Section 3.1.3), and the first time users (Section 3.1.4). The total responses (3709) are summarised in Section 3.1.5, and indicated in relevant tables for comparison.

3.1.1 Profile of daily users

Of the 48 daily users, 52.1% needed the information when they last used the service for a reason which included patient care (Table 4), most (83.3%) had obtained the information they wanted, and most (91.7%) find the KA24 service very useful. A lower percentage find the service very easy to use (64.6%), with 33.3% finding the service fairly easy to use.

As far as the location of the search was concerned, 43.8% were being conducted at work (own desk) and 16.7% elsewhere at work. Among this group, 27.1% of the searches were being conducted at home, and 10.4% conducted in the Library.

The number of problems encountered was relatively low, with 4.2% reporting severe problems for the last time they used the service, and 16.7% reporting minor problems.

Reason for using KA24	Grand total n=3709 (%)	Totals n=738 (%)	Daily users n=48 (%)	Variable and occasional users n=479 (%)	Infrequent users (less than once a month) n=57 (%)	First time users n=154
Directly related to patient care	509 (13.7%)	103 (14.0%)	15 (31.3%)	78 (16.3%)	10 (17.5%)	0
Research	715 (19.3%)	117 (15.9%)	5 (10.4%)	101 (21.1%)	10 (17.5%)	1
Coursework	566 (15.3%)	101 (13.7%)	7 (14.6%)	82 (17.1%)	12 (21.1%)	0
CPD	217 (5.9%)	46 (6.2%)	4 (8.3%)	30 (6.3%)	12 (21.1%)	0
More than one reason, including patient care	688 (18.5%)	180 (24.4%)	10 (20.8%)	160 (33.4%)	10 (17.5%)	0
More than one reason, not including patient care	133 (3.6%)	21 (2.8%)	3 (6.3%)	17 (3.6%)	1 (1.8%)	0
Other	66 (1.8%)	14 (1.9%)	3 (6.3%)	10 (2.1%)	1 (1.8%)	0
No answer	815 (22.0%)	156 (21.1%)	1 (2.1%)	1 (0.2%)	1 (1.8%)	153 (99.3%)

Table 4 Profile of reasons for using KA24

Role category	Grand total n=3709 (%)	Totals n=738 (%)	Daily users n=48	Variable and occasional users n=479	Infrequent users (less than once a month) n=57	First time users n=154
Consultant	410 (11.1%)	93 (12.6%)	4	70	7	12
GP	56 (1.5%)	16 (2.2%)	0	9	1	6
Practice nurse	111 (3.0%)	23 (3.1%)	2	9	4	8
Junior doctor	646 (17.4%)	127 (17.2%)	6	80	7	34
Hospital nurse or midwife	782 (21.1%)	145 (19.6%)	5	97	11	32
Community nurse or midwife	243 (6.6%)	49 (6.6%)	0	36	5	8
Allied professional	515 (13.9%)	91 (12.3%)	6	69	6	10
Scientific or technical	80 (2.2%)	13 (1.8%)	2	5	2	4
Researcher	163 (4.4%)	32 (4.3%)	0	17	1	14
Manager/admin.	81 (2.2%)	15 (2.0%)	1	8	0	6
Information professional	206 (5.6%)	25 (3.4%)	14	8	1	2
Other (included pharmacists, students, hospice staff, public health, clinical psychologists)	211 (5.7%)	65 (8.8%)	5	45	5	10
No response	205 (5.5%)	44 (6.0%)	3	26	7	8

Table 5 Role categories of respondents

3.1.2 Profile of infrequent users

Of the 57 infrequent users, the reasons for using KA24 were spread across patient care, research, and formal education with 35.0% of the searches related to patient care reasons (Table 4). Over half (54.4%) had found the information they wanted, 26.3% found something useful, but nearly one fifth (19.3%) did not find anything useful. Unsurprisingly they were less enthusiastic about the service than the daily users, with only 49.1% claiming it was very useful, and 43.9% assessing it to be fairly useful. However, none claimed it was not useful. Around a quarter (22.8%) find KA24 very easy to use, 56.1% find it fairly easy to use, and 19.3% find it not very easy to use, and 1.8% reported it was difficult.

The most popular location was at home (36.8%), with 22.8% of these searches conducted at work (own desk), 29.8% elsewhere at work, and 10.5% in the Library.

The number of problems encountered was proportionally higher than for the daily users, with 17.5% reporting severe problems, and 38.6% reporting minor problems. Only 43.9% reported no problems.

3.1.3 Profile of the 'middling' users

The majority of these users have used KA24 more than four times, around two or three times a month, on average. Of these 479 users, 49.7% had wanted information for reasons which included patient care, 21.1% for research, 17.1% for coursework and 6.3% for updating and CPD (Table 4). Most (72.0%) had obtained the information they wanted, 22.1% had at least found something useable and only 5.4% had not found anything useful. The majority (79.3%) find the service very useful, 18.4% find it fairly useful and only 1.0% do not find it very useful. In this group of users, there are fewer (proportionally)

who find the service very easy to use (36.3%) against 58.2% who find it fairly easy to use and 3.5% who do not find it very easy to use.

Most of the users in this group were searching from home (44.1%), with 31.7% searching from their own desk at work, 15.7% from elsewhere at work, and 6.9% in the Library.

The number of problems reported fell, as might be expected between the rate for the daily users and the infrequent users, with 5.0% reporting severe problems and 22.1% reporting minor problems.

3.1.4 Profile of the first time users

These users answered only some of the questions. Most (34.4%) were searching from home, 31.2% were searching from their own desk at work, 16.2% from elsewhere at work.

3.1.5 Overall profile

The online survey respondents (n=3709) were dominated by the more experienced user group with 67.8% of responses coming from experienced users (had used KA24 five or more times), 11.9% from less frequent users, 19.4% from first time users (and 0.9% provided no answer to this question).

Comparing the overall profile of purposes of the subgroup from whom the interviewees were drawn with the totals (Table 4) indicates that the subgroup pattern of purposes was similar to that of the total group, with the exception of research purposes (proportionally smaller in the subgroup) and the mixed purposes (including patient care) (proportionally higher in the subgroup). The staff profile of the sub-group is also very similar to that of the whole group. The subgroup seems, therefore, to reflect the whole group in the main baseline characteristics.

3.2 Interview findings: service users

These are divided largely according to the groups profiled for the most recent online survey (daily, infrequent, first time users) plus a group of non-users.

The views are categorised by

- publicity and registration
- expectations
- experience of the service
- benefits realisation
- working patterns with KA24
- training and support
- perceptions of confidence and competence, requirements for additional support or mediated searching

Section 3.2.1 deals with daily users, Section 3.2.2 with infrequent users, Section 3.2.3 with first time users and Section 3.2.4 with the non-users. Further views on publicity, registration, training and support are found in Section 3.3 which presents the findings of interviews with library managers.

3.2.1 Daily users

3.2.1.1 Publicity and registration

There were no complaints about registration from this group of users, apart from the problems that staff such as junior doctors may have in having to re-register 'change of address details' through the library when they change posts. For them, one improvement would appear to be a simplified system to allow them to change their own contact details when they move to a new post within the area. Most of this group registered through the library.

'I'm on a rotation and we move hospital every six months but within the same geographical area, but it does mean my password gets cancelled and I have to re-register in the library.'

There is a perception among some that the registration process is a bit of a nuisance. The consequence is that passwords are shared, and while it is almost impossible to gauge the scale of this, interviews suggest that it is a systematic procedure in some places, particularly in units where staff rotation is common.

'I don't know what the barriers to registration are but I really do try, as staff rotate through my department to get them to register, but I'm aware lots of people come drifting through, I guess they don't think they are going to need to use it again, maybe they think the registration process is time consuming...I found the registration process here very straightforward.' [pharmacist]

Several of the daily users among the clinical staff champion the service to other staff, or are aware that the need for such activity is there.

'I think that I'd like to see it a little bit more widely advertised and a lot more accessible for staff that do move around, making more NHS-based as opposed to regional based. I think that the service is amazing, I'm really an avid supporter of it...I actively encourage people to enrol in HILO and KA24 to the point I carry around registration forms and give them to people.' [nurse, acute]

'People don't know it exists. If I asked around my department I would say of the 150 people there, there are probably 10 of us that are really familiar with KA24.' [pharmacist, acute]

With others, promoting the service is more akin to academic detailing, as clinicians may be suffering from too much information, and promotion from other organisations, that the automatic reaction is to ignore the message:

'I'm in medical and clinical audit and so whenever we have consultations with doctors they sit at my side and the first thing we do is examine a topic, examine the critical literature...I do find when we ask the doctors "are you registered with KA24" they would say "What's that?" I demonstrate via access through my own system... the next thing I do is I email immediately our library manager and say this is ...please bring them up to speed, make sure they're registered...most health professionals are flooded with so much...really...the best way is to promote is by direct working encounters.' [manager, acute]

Some users come across KA24 through continuing professional development activities which alert them.

'People who go to journal club or something or they're students and it's part of their course, or they've been told by somebody to come in.' [librarian, MH]

3.2.1.2 Expectations

The big plus point is access to full text journals, more so than access to databases for the majority of health professionals. The daily user group divided into three groups: the librarians, the drugs information professionals/pharmacists and the clinical staff. Of these:

Clinical staff stressed the attraction of access to full text journals (12 mentions, 1 mentioned databases as well)

Drugs information staff stressed the importance of EMBASE access (6 mentions, with 1 mentioning full text journals as of equal importance).

'Definitely and the main thing is the access to EMBASE, and to use the OVID interface....one thing we have found very helpful is the access to the full text journals.' [pharmacist]

Librarians were more likely to view the advantages of more databases and full text equally (7 expressed no particular preference, I mentioned full-text as the main attraction and one mentioned access to more databases as the main attraction).

Although KA24 started off as a database service, with access to full-text journals as an add-on, it seems that for the clinical community, core content to them would mean access to full text journals, not databases. As one librarian pointed out:

'To make it a strong selling point to other users...then you have to be able to say to them there are a large number of electronic journals so there's a good chance you'll be able to go directly...through to the journal article you want...a one portal system...jump directly to the full text journal.'

The favoured name of the service for this group varied, with some users thinking of two names equally. On this rather crude scoring system, KA24 comes up top (score 16), HILO comes next (6.5) followed by OVID (5.5) and lastly Athens (1). Those newer to the system in London (e.g. junior doctors) thought of the system as HILO, those who had used OVID for some time were the group more inclined to use OVID wholly or partly. Athens is a term recognised in higher education and signifies the process of password registration.

3.2.1.3 Experience of the service

Most of this group are very happy with the service. For librarians there is a problem of managing expectations. Other users do not understand the process of licensing and access restrictions (either no access or no access to issues that are less than 12 months old, with access to other journals no problem) and such problems seem irrational.

Timing out can be a problem when running the search on a slow Internet connection, and where the pdf article being printed contains many graphics, for example. Other users appreciate that the timing out is essential but still a bit irritating when a search has to be started all over again.

Things that help to make the searching easier for users are:

- intuitive interface
- clear indication of what a database contains (as some of the names do not immediately signal what the content comprises)
- hassle-free access from home (and resolution of particular ISP, or anti-virus software difficulties)

Librarians viewed the service as technically less troublesome now. There have been problems with earlier versions of anti-virus and firewalls..

Using the service saves time, and access to information is so much easier than it has been.

'Some fantastic points, to be able to access information that quickly and on site rather than having to move just speeds up the process of researching and looking at a topic, it's incredible, we are grateful to have that. If you can expand it in the future it would be even better.' [allied health]

'It's made the information so much more accessible, I would have to be phoning other people to do searches for me because previously before we had this if we wanted to do an EMBASE search or a MEDLINE search I had to get somebody else to do it for me because I didn't have access, but now I've got access to so much and it's absolutely...saves time because I can do more on my own.'

Factors which help make searching more efficient are welcomed. Anything that hinders efficiency can be irritating, although some users acknowledge that the advantages outweigh the disadvantages.

'Sometimes it's a bit slow, but the amount of information on there is amazing. I think we get a bit impatient because everything is at our fingertips these days. Sometimes it locks you out if you're working for a while, sometimes for my MSc I'm on there for ages...It takes a long time to download sometimes, but you can be doing other things whilst it's printing.'

'Sometimes for no obvious reason it's very slow to respond and will give you a couple of false messages before you reach the site...secondly, if you are searching for something and you've found an article and you are printing it or are called away...you go back and you have lost everything.'

'It's not completely self-explanatory, you do have to do it quite a few times to find some of the things you're looking for, but having said that I've managed to find everything I want so yes, it's a good packages I'd say.'

Rumours about the changeover to the Dialog interface seem to be spreading rapidly.

'The feedback from colleagues is that Dialog isn't as good so we don't want to lose KA24. Life is a lot easier and efficient now than before we had KA24.'

3.2.1.4 Benefits realisation

Changes to clinical practice are emerging, with access to the evidence not just an afterthought, but becoming part of routine practice for some.

'Yes to the point sometimes I will leave the patient for a minute or two to access a certain article and come back and talk to parents, that is the way life is changing in the hospital and patient care is evolving.' [doctor]

'You can access for study or the latest literature on it very quickly, even whilst the patient's with you or maybe whilst they're getting changed for treatment.' [allied health]

Information obtained from KA24 underpins clinical decisions, both current and future.

'What I find gets discussed in our management decisions.' [doctor]

'We've got a couple of research groups here and each person will take a topic and investigate it...I think just being able to do from the computer's actually made a huge difference...to be able to collect that stuff immediately.' [junior doctor]

More journals were the improvements most frequently mentioned among the daily users. Some users, as the librarians noted, were used to accessing many electronic journals in higher education and the NHS seemed poorly resourced in comparison. A more equitable service is a huge benefit.

'Mostly mental health type journals I'd like to see.' [manager, mental health]

'Very few full text ones specific to psychiatry, but I think beforehand you had to look up everything so anything that is full text is a bonus.' [allied health, mental health]

Inevitably, perhaps, the wish list of specialist journals was long and varied but the recent inclusion of management journals was welcomed. Providing materials suitable for NVQ's was also viewed as a priority.

'The other area that we are getting a lot of demand for nowadays are the NVQ's for people coming in as care assistants, and this is all part of the recruitment, retention, skills escalator strategy...it might be that there could be some co-operation and collaboration with social services themselves who seem to have some well developed services available...these are often grey and peripheral areas for us and it's the areas we find the most difficult to meet everyone's needs.' [librarian, acute]

For research scientists, access to journal articles is key, and KA24 is becoming the preferred route, as the version of MEDLINE offered seems better than PubMed (as offered through the University).

'Usually to look up scientific papers because I'm a research scientist so it's usually just looking for journals...to be honest I prefer it to any of the other databases that I've looked at...we used to use BIDS in University so when I came here I continued using that but I found PubMed really difficult to use...then the whole layout [with OVID] changed but I still find it [OVID] the best one.'

For some of the researchers, search outputs are transferred immediately into a bibliographic software package. For these people the ideal system would allow them to use their bibliographic software, and work from there through the abstract to the full text.

'The reason being you have to go through the KA24 password each time and it doesn't directly link up the articles into a database so if I had the references downloaded on to my PC as the abstract and then if I wanted to go into the abstract and from there straight into the main article it won't let me do that.' [junior doctor, acute]

Some users (junior doctors in particular) have a very clear idea of their ideal search environment (much like the 'memex' proposed by Vannevar Bush in a futuristic vision decades ago¹).

'It would be nice also to have the different databases that are accessible through KA24 interlinked with each other so you can get a reference if they are full text available from another source, but I'm not sure if that's possible, like for example through Proquest you have access to full text journals and if there's a link with OVID, so if you're searching OVID then you get a hint that full text is available through Proquest.' [junior doctor]

Textbooks were not as popular as the journals for the daily users, although they are viewed very much as a future option, if those popular in the British market are available.

'I can see these [textbooks] playing a very big part perhaps within the NHS-U and for electronic learning and those sort of things...there was a lot of American texts available and these are obviously not going to be the core texts that are used for nursing courses here.' [librarian]

3.2.1.5 Working patterns with KA24

For librarians KA24 sits alongside other evidence-based resources such as the Cochrane Library, TRIP, clinical guidelines available through the NeLH (National electronic Library for Health). All these are electronically available, reflecting the shift away from paper resources noted among the clinicians as well.

'I would say 80% electronic and 20% paper journals...[Interviewer: Do you still have use for the library?]'...Much less than before [Interviewer: How many times a week do you use the Internet?]'...Probably five times a week at least.' [doctor, acute]

Librarians are reluctant to cancel some subscriptions when they are uncertain about future availability of journals electronically.

'Some of them [publishers] are only making their archival files available... a lot of librarians would like to rationalise and maybe reduce their journal holdings but I think they are reluctant because they don't know whether it's going to be available next year.'

Pharmacists working in drug information services have a structured approach to use of KA24, which is not their first port of call.

¹ Vannevar Bush. 'As we may think' Retrieved from <http://www.theatlantic.com/unbound/flashbks/computer/bushf.htm> 28 July 03

'We have a structure for the way we answer things, we tend to start with general sources like the British National Formulary, and the manufacturer product information and then we move on to background literature.'

Pharmacists cited a range of other resources used as well

'Wide range of paper resources in department and in library, as well as other databases such as Pharmline and the American IDIS service.'

'I've also got a paper database, basically I've got books, I've got reference books in the department, journals as well and a lot of paper information that I've collected on specific subjects. I've also got access to other things on CD-ROMs, like the Micromedex database. I've got access to specialist databases from like the Committee of Safety of Medicines, we are very well resourced actually.'

Other staff go to NeLH (and Cochrane) and BMJ, with the specialist libraries on NeLH mentioned as well.

'I've looked on the BMJ site and the Cochrane database.'

'I tend to go to NeLH because I think most of the things I need are on there like Cochrane and Proquest.'

'They [physiotherapists] like the portals on NeLH, that's a really good development alongside NeLH.'

Some of the daily users mentioned that they visited the library in person less, but the KA24 service is reaching those who have never used the library.

'I didn't really use the library an awful lot in the first place to be honest.'
[pharmacist, acute]

To embed KA24 in routine working patterns might require the facility to customise the home page.

'There's an American thing...and they do similar sort of searches but they customise your home page so you can search by topic.' [doctor, acute]

New developments in office software were mentioned and computer supported collaborative working should mesh in with KA25 use. Handheld devices need to support British clinical practice.

'The process of helping all health colleagues and social colleagues...for the new Microsoft Office coming out.. the great emphasis is on collaboration and using information and notes...there was a good benefit from KA24 which was the OVID hand trial...we need something that addresses the British NHS, for instance the British National Formulary...the operating choice would be the Windows for small portable devices together with reference values of local laboratories that could be downloaded giving things like the pathology blood values and so on.' [manager, acute]

The norm for many undergraduate students and FE college students is the general Internet search, using Google, and for someone joining the NHS, KA24 needs to become the norm.

'One of the people in the audience [at a conference] said what I do is I go into Google...and I get an answer...that's an issue for KA24 effectively that they are providing a more valuable service than someone can get through Google.'

To become embedded in practice KA24 services need to answer the questions clinical staff are asking (in the way Prodigy clinical decision support aims to assist).

'There was another site which had maps for vaccinations you typed in the country a person was going to and it came up with a list of vaccinations they needed, the practice nurses were really wowed by that and used it immediately.' [librarian]

3.2.1.6 Training and support

Training at the basic level is still necessary – one librarian estimated the skills base as divided fairly equally between total beginners as opposed to those who are generally IT competent.

'People who've used computers a lot...find it fairly easy to use, they just need help on the actual search strategies...but there's a lot of mature students and people who're not used to computers, and we have to teach them how to navigate a mouse and Windows, I think it's 50:50'

Librarians stress the need for generic training in transferable skills.

'What we try to do when we do training is not to say that you press this button to do that and this to do this but try to get people to understand what is going on and try to do it in a more generic way...some people can adapt quickly, other people do have more problems and I can't say we train everybody perfectly because some come back for more training even on the same thing...so some people will have changeover problems whatever happens.'

Other librarians stress the need for levels of training:

'We have training courses at the introductory level, introduce people to the concept of KA24 and show them the benefits and simple searches and then slightly more advanced sessions at another time. By attending maybe three sessions in total they can actually become fairly competent...my experience is that unless they use the system every day or frequently they do forget things, so I think giving them a little information and for them to use that information and then come back to us for a little bit more is actually a very good approach to the training.'

There is an unmet need for training, given the rapid changes in the scope of the service. The Proquest online tutorials were appreciated by librarians who see the potential of this model.

'The Proquest online tutorials that they've had have been excellent...and hopefully there will be more of these available and we can use their training materials to cascade learning down to people...you could ask the facilitator questions during the course of it [hour online tutorial]. I would very much like to develop that for the delivery of training within the trust...because this is a substantial barrier to training, people's time availability.'

Teleconferencing had been used by at least one clinical interviewee.

'I've used teleconferencing and it does save a lot of time travelling.' [nurse]

The clinical staff were happy to use the handouts provided by the library, did not use the online guides and were interested in principle in more advanced searching sessions. Colleagues provide advice.

'[Interviewer: Did you find it easy to use?]'...Not at first, I had one of the registrars to help me go through how to get [journals].' [junior doctor]

'I think I've picked up most of the things as I go along but if somebody can point out some more tricks that would be helpful.' [doctor]

'For people who are confident, there's no stuff to sort of consolidate some of the things they're doing, or unlearn bad habits.' [nurse]

Time is still a major barrier to attending formal training sessions.

'The library here offered training sessions for people but I couldn't go...the need was not as acute to justify the half hour to go and have it...it's a struggle to prioritise.' [doctor, acute]

Other clinical staff appreciated ongoing promotion and advice provided by the library, and this may increasingly be provided electronically, rather than face to face. Trust may have to be established first, however.

'The library has good hints where to look for information, I possibly don't do that often in the library any more but I still use the service, the librarians are excellent and send information on, which new journals are available through KA24 and things like that.' [junior doctor, acute]

'Suppose you had an onscreen 'what's new' which you kept up to date, then people dip into that from time to time...it would be nice to have flashed up before you actually got into the database – for information click here.' [librarian]

The online guides have been used by some, but some are unaware of them.

'No, not at all. I didn't know they existed.' [nurse, acute]

One librarian stressed the need for self-help idiot's guides in printed format.

'I think what would be useful would be self-help guides that we could put next to the computers...even though online help is available...so that they don't have to keep flicking between windows and things.'

3.2.1.7 Perceptions of confidence and competence, requirements for mediated searching

Daily users are generally happy with their own level of searching competence although some (not all) recognised that a librarian might be faster. They may prefer assistance with a query rather than have a librarian do the search for them.

'I'm quite familiar with doing the searches and utilising the searches and downloading the stuff I need.'

'They[librarians] would be quicker. Sometimes I do go to them and say I'm trying to find something on such and such and I can't and they're very good at pulling out other key words that might help.' [nurse, acute]

'I really prefer to do my own literature searches.' [research staff, HE-related]

For a really comprehensive search, a librarian's help is requested.

'I have done if I want something really detailed.'

From the librarian perspective:

'There are a few unresolved issues around the function "Ask a librarian". It actually goes through to one person and then [name] forwards to whoever is most appropriate in the local area. I've had some fairly wild and whacky enquiries through that.'

One daily user commented that they had used online support.

'Yes, I have used the online help where you send an email to somebody asking a query then you get a reply back.' [doctor, acute]

Other information professionals such as those working in medicines information services observed that searching was part of their job, and they are unlikely to ask for help unless the query was outside their specialist area.

'But that really is part of my job to actually do that and if I've got access to the databases I feel competent to be able to do it'

'I would say I do that much less now that I've got access to EMBASE, it doesn't often arise. If it was a search outside my specialist field I might.'

Other medicines information staff perceive that there is no help available.

'There was an instance a couple of weeks ago, I was doing a search on drugs in pregnancy and couldn't find what I wanted on OVID...but couldn't find anything before a certain year, but I had no-one to ask.'

3.2.2 Infrequent users

Infrequent users included those who had just started using KA24 (e.g. new junior doctors). Overall they were content with the service, though several commented that the service needed to provide more journals in their specialist field. Apart from that, it was difficult to discern what might make their use of KA24 more frequent.

3.2.2.1 Publicity and registration

The infrequent users had heard about KA24 through a variety of routes, and several were unsure how they had come across the service:

'I think it was something on the intranet...the trust sent it around saying it was available' [allied health, acute]

'I'm not sure that I use it...the search engine, yes I use it through the medical school and I'm registered to use KA24 so I do use it but it's not my first port of call always for Internet access.' [junior doctor, acute]

'It was when we were doing a research project and I was aware I had an Athens password...I think it was the librarian [who told me about KA24]' [allied health, primary care]

Two of this group believed they had heard about the service from a colleague at work.

One GP had come through NeLH

'I think I was looking up Athens on the NeLH site'

The library had provided more details and dealt with the registration process for the majority of this group and none reported problems.

Although this group included one user who had just started using the service, several were familiar with library services.

'I can't remember [finding out about KA24] but I'd been using OVID for years...I know it's KA24, but I think of OVID.' [doctor, acute]

One mentioned that they found their registration had been discontinued, as they had appeared to be a 'non-user', and would welcome a reminder before registration was cancelled.

'I was logged off as no longer a user and it would be good if you sent us an email saying you were planning to do that, saying if you don't log on in the next 7 days or something ...I think a lot of people would like that...It's just that if you are really busy at work and don't get a chance to use it for a few months it's a shame to lose your membership without warning.' [nurse, acute]

There are indications, as among the daily users, that password sharing is quite common.

'Yes, I've certainly put my access up and then left it for someone else to search because they haven't got the access.' [allied health, acute]

3.2.2.2 Expectations

The infrequent users, like the daily users, like the access to full-text journals, and for most that was a main attraction of the service. Their expectations may not be tempered by experience of use, and some in this group are likely to expect more journals to be available.

'The thing I find most useful is the full text articles and I think the main frustration is when you're blocked from getting them, things like the cardiac ones.' [allied health, acute]

'Journals which are widely read they don't give full text information on those..The library in my hospital doesn't have many journals at all so I was not using it that frequently...It (KA24) is quite good except the online journals are not the variety of journals to my expectations.' [junior doctor, acute]

'None of the journals I want to use are available to me, although irritatingly they seem to be available to some other NHS provided Athens users, so I was not impressed with it.' [GP]

Among this group, several mentioned the access to databases, with the advantage of the one-stop shop:

'Much broader range of databases through the initial port of entry than I'd been used to.' [junior doctor, acute]

One mentioned that online textbooks would be useful.

'The only thing that I would want added would the books online...if you could add the Oxford textbook of palliative medicine that would be fantastic.' [nurse, acute]

Some of the infrequent users have a hazy idea of their initial expectations:

'I didn't have any [expectations] because I hadn't thought of the idea, when I read about it I thought it was a very useful service to be given as a health professional'

'To search on MEDLINE and CINAHL and there is an awful lot more now which is fantastic, but I didn't anticipate all those other services.' [nurse, acute]

The name most familiar to this group for the service seemed to be the name used when they started using the networked database services. Of those in the London area, for example, a junior doctor cited HILO, another junior doctor was unsure. The name KA24 was the most familiar to five interviewees, OVID the most familiar to three.

3.2.2.3 Experience of the service

Very few of the interviewees mentioned recent technical problems, with one complaint about 'timing out'. This contrasts with the online survey findings which found that around a third reported minor problems. Possibly the problems in locating particular journals are attributed to technical problems (see Section 3.2.4.3)

Unsurprisingly some in this group reported some searching problems, or perceived that their skills were not very good. But what they find may suffice.

'Yes, fairly easy, not very easy but OK, not bad?'

'Sometimes I find it quite difficult to narrow the searches down to exactly what I'm looking for but that just comes with practice anyway.'

One problem mentioned by some in this group was physical access to computers at work, or workload, which inevitably made their searching difficult if they did not have Internet access at home.

'In the hospital it is a bit difficult because we don't have a computer on the desk, we have one computer to share with tons of doctors so I have to wait for somebody to get off, but sometimes I go from home because it is easy for me from home.' [junior doctor, acute]

'I'm not often able to sit at my desk and do searches or in the library because I'm busy and I like the idea of being able to sit at my own computer at home.' [nurse, acute]

'I don't have a computer connected to the Internet on my own work desk, no, I use it at home.' [allied health, primary care]

Using KA24 had saved time.

'It's saved me loads of time particularly when I was doing my MSc, I can go late at night and just do searches.' [senior nurse, acute]

3.2.2.4 Benefits realisation

Those who could search from work were more likely to comment that the service provided support for evidence-based practice, but this group did not, as a whole, make sufficiently frequent use of the service for KA24 usage to be embedded in practice.

'Mainly for researching clinical articles, finding better support and sometimes I use the books for educational and clinical practice support, evidence based that sort of thing.' [allied health, acute]

'I needed to look up some evidence for our project.' [allied health, primary care]

The wish list was for more journals and having the entire library digital:

'I'd like it all to be full text then I'd never have to go to a library again, all from the comfort of my home, but I'm still satisfied with the service.' [doctor, acute]

One interviewee specifically requested cross database searching.

'It would be nice if I could do a search on all the databases available.' [nurse, acute]

Another wished more access to image data.

'Certainly things about being able to access audio visual aids, things like diagrams, or slides or pictures that you might be able to use...particularly for teaching purposes.' [allied health, acute]

Another was unsure how the service had affected document delivery services.

'I used to be able to fill out a library slip and get it but I'm not sure here what the service is.'

3.2.2.5 Working patterns with KA24

Notably, many were regular Internet users (at least once or twice a week).

For one frequent Internet user (3 times a week):

'[KA24] always my first port of call because it's the easiest one to get to...MEDLINE and CINAHL.' [nurse, acute]

For one interviewee, KA24 was used for professional purposes with general Internet searching for general health information and health information for patients.

'For work...I usually go into KA24 and then I'm looking for particular things like from a health point of view, medical images, pictures of things, or maybe finding out what information the public might be given about a disease.' [allied health, acute]

Among this group, one commented that their information behaviour was changing:

'It [KA24] is becoming that way [first port of call]. I do like books and the business of doing a search....if I want quick up to date information on a particular condition I might just go on the textbook of medicine and look it up there...we have resources in the department but now I think I can look this up tonight on KA24.' [nurse, acute]

Those coming from a university environment may tend to go to familiar routes for MEDLINE first (via PubMed, presumably, rather than MEDLINE on KA24):

'What I do to search for an article is go to MEDLINE first, see if the article is there full text, if it is not then I go to KA24. But if it is not on MEDLINE it is often not on KA24 as well.' [junior doctor, acute]

Others use NeLH as the first port of call.

'I think I'm more comfortable on the NeLH sites because I think I've had a bit more training on how to use that.' [allied health, primary care]

3.2.2.6 Training and support

Of the 10 interviewees in this group, none had received training specifically on KA24. Time constraints are a problem for those wishing to attend formal training sessions, and sessions need to be offered regularly.

'I would go, I did actually book in to go on a training session but I think we had a staffing crisis, something happened and I was unable to go. I haven't been aware, that was a good year ago, that there have been any more advertised.' [allied health, acute]

One interviewee had transferred skills from previous training on searching on CINAHL, another claimed they might use the service more if they received training, and another claimed it was not necessary, although others acknowledged that training would be helpful to make searching more specific.

'That would be good, particularly narrowing down the searches.' [nurse, acute]

Only one remembered using the online help screens, with one interviewee commenting:

'When I've found the information I'm terrified of losing it off the screen, I think oh, I'll just settle for this.' [nurse, acute]

3.2.2.7 Perceptions of confidence and competence, requirements for mediated searching

Only one in this group mentioned use of mediated searching (to save on their leisure time), although one mentioned the service as a future possibility. Another noted that they did their own searching now although they had asked the library in the past.

'Definitely yes [to mediated searching]...To find the time it would be my own time in the evening.' [allied health, primary care]

'I haven't done and we've only recently had [name] in the hospital so I would definitely do that in the future and I suspect that other people would.' [junior doctor, acute]

One pointed out that although it was tempting to ask for help when doing a course students were meant to be doing their own searching.

'Not really, if I was on a course...I might, but then again you are meant to do your own.' [nurse, acute]

The library was viewed as a source of support on other aspects of coursework.

'I would like help with, for example, how to do Harvard referencing and how to improve essay writing skills.' [nurse, acute]

The library was mentioned as the place where journal articles were obtained if they could not be obtained online.

'If I can't find the journal for them to find it somewhere else and get it to me.' [junior doctor, acute]

'Sometimes if the journal's not there and I'll phone to say have you got this journal in kind of thing but that's as far as I go.' [nurse, acute]

3.2.3 First time users

First time user interviewees were a varied group.

3.2.3.1 Publicity and registration

This group had heard about the service by the following routes:

- colleagues (3)
- library (4)
- hospital Web site (1)
- flyer (1)
- unsure (1)

From a practice development nurse:

'My colleagues here were using it and I wanted to do a literature search, they said try KA24...printed it [registration form] off and faxed it to the library.'

Colleagues may remind potential users about the service, and some of the first time users may have used the service or its predecessor in the past.

'I had forgotten about it and a colleague said, why don't you try it?' [manager, primary care]

'I'd used Athens and Biomed for some time, I think it [finding out about KA24] was via the library [Interviewer: Registration?...]on paper, a long time ago.' [nurse, acute]

None mentioned any problems with the registration procedures.

One interviewee commented that promotion should be focused at local hospital level.

'I think the hospital's Web site could have information on it, rather than just the lead hospital because communication between the two isn't that good. And the nursing directorate could be approached to re-advertise KA24.' [nurse, acute]

3.2.3.2 Expectations

Reasons for registering usually centred on research (own or work-based) and coursework.

'I am doing a BSc in Health Promotion and I need literature to do my assignments.' [nurse, mental health]

'I wanted to look up things on mental health...to do with research and relative groups, running groups for relatives.' [research staff, primary care]

'I have quite a lot of involvement in practice development.' [nurse, acute]

Some first time users had no specific expectations, others felt it looked like a comprehensive portal for their needs.

'I didn't have any, I didn't really know what it was or what I'd registered for to be honest.' [manager, primary care]

'It looked like a fairly comprehensive portal where I could have some flexibility in terms of searching for different articles that I wouldn't normally get through any other Web site...it was really good you could search several [databases] at one time and that some were full text as well.' [community nurse, mental health]

For others the offer of access to journals online was the main attraction.

'I have recently finished a PhD and have been in the labs three years and...had access to an extremely good online journal service and then I came here and had no online journals at all and it was like going cold turkey, so when an opportunity for any online access I jumped at the chance.' [junior doctor, acute]

3.2.3.3 Experience of the service

First time experience may affect inclinations to use the service again. The experience had, on the whole, been positive for the group.

'I found what I wanted and have used it subsequently as well' [manager, primary care]

'Having greater access to full text articles would be a real benefit rather than having to wait ordering them from a library.' [community nurse, mental health]

The following minor drawbacks were noted:

'Quite complicated, the trees I didn't quite understand, someone had to go through that with me, how to limit your search and things, but I think once my colleague has taken me through it...' [nurse, acute]

'There weren't as many [journals] as I'd hoped for...' [community nurse, mental health, outside London].

'It's very hard to remember the password and the user name because it has so many numbers in it but other than that it's easy.' [nurse, acute]

Few technical problems were reported, although one interviewee had found that they could not get on to the service.

'I think it's great but the only problem I've had is connection with it...it comes up logged out or timed out...I don't know whether it's server issues, I just have to give up and try another day.' [community nurse, mental health]

3.2.3.4 Benefits realisation

For this group, experience of the service was limited and they could not be expected to discuss how KA24 usage was affecting patient care, although those newly appointed to practice development work pointed out that searching is done on behalf of others as well as for themselves.

'A lot of the things I'm researching I'm trying to find things out for all the ward sisters so I've used it on behalf of them and probably any teaching programmes that we run...I've used it for courses I'm doing myself.' [nurse, acute]

Another (community nurse) noted that a KA24 search had informed patient care planning.

'About informing a proposal I'm doing for case finding in the elderly.'

Researchers require cross database searching and downloading to be a seamless and fast operation (as some of the daily users expect, Section 3.2.1.4).

'The thing I don't like about it, but it's maybe my lack of training...you can't open them [databases] all at once...so if you're doing something quite complicated as many full print journals as you can, you don't seem to be able from the front end of KA24 to get them in the same place...And the downloading....the photographs, and that might take more than 15 minutes to download.' [doctor, acute]

3.2.3.5 Working patterns with KA24

Like the infrequent users, many of this group were regular Internet users.

'I log on directly to like the Nursing Times or Nursing Standard.' [nurse, acute]

'It depends on what assignments I have, sometimes just for the fun of it, other times for course work, it depends.' [nurse, specialist trust]

Hard copy books, and paper journals are also used.

'We have in our community mental health team base we have an OK size list of books but our library which is fairly small is our best port of call for any information.'

'Hardcopy journals because I receive literature from different universities, the most up to date articles they send me.' [nurse, mental health]

Researchers may need information urgently. The extent of journal coverage is the crucial factor for many of these users:

'If I can't get full text I tend to either check on my UCL systems, go down to the library myself and photocopy it because I usually need things urgently or I sometimes go up to [specialist institute] for the obscure [name] journals.'

'The degree to which I'm using it has been limited in that there's not many of the journals that I need to use on there, but when I used the New England [Journal of Medicine] that has been full text and very good...if I'm doing a literature search I use PubMed and then I think about how I'm going to get the references...because by the time I finish between 6 and 7 the libraries are shut.'

One interviewee commented on a change in working patterns.

'I just find it so much easier getting everything on the KA24 site, I hardly bother with texts now...I go to the library on a rare occasion to take books out.' [nurse, specialist trust]

3.2.3.6 Training and support

Of this group, one had received some training when applying for registration.

'I'm fairly OK with computers and the librarian showed me how to use it when I applied for it...so I was up and running quickly.' [community nurse, mental health]

Of the remainder, none had received training. A few acknowledged that some training might be useful, but one seemed unaware what training options were available.

'I'd benefit from more training...I suspect I'm not getting the best from it...I could try that [asking library staff] to ask them if I'm doing it right...Can I ask the library to go through it with me.' [nurse, acute]

Another noted that updates on shortcuts would be helpful.

'[Interviewer: Would you like to be updated on training issues, emailed for instance about new features or shortcuts?]'...Yes, very much so.' [doctor, acute]

Only two mentioned use of the online help.

'Yes initially I used to but at the moment I'm OK' [nurse, mental health]

3.2.3.7 Perceptions of confidence and competence, requirements for mediated searching

Most of the group were generally happy with the service, acknowledging that they were still learning about the service.

'I just think it's a very good idea and it's very useful.' [research staff, primary care]

A couple of interviewees among the first time users mentioned they still asked the library to do searches for them. Mediated searching has an attraction as the search comes complete with articles.

'I haven't used it an awful lot because I've been getting the librarians to do a lot of work for me...that's mainly to save time because there is so much we have to research and if we get the librarians to do the searches then the articles they can print off.' [nurse, acute]

For this interviewee, search help from the library was seen very much as help in obtaining a particular article.

'If I came unstuck and couldn't find a particular article the library here are extremely good.' [community nurse, mental health]

Another assumed there might be a cost involved.

'I'm trying to finish a book ...I'd be quite tempted to see what the library could do...I might do that but I'm not quite sure if it would cost.' [doctor, acute]

3.2.4 Non-users

The non-users were (as might be expected) rather more difficult to contact. Some were not in fact 'non users' as they had mislaid their registration details and were using the services under someone else's password, or else were using their university access rights to obtain some of the journal articles they required. One had left the area. In the interim some had in fact used the service although at the time the sample was drawn up they had registered but not used the service.

'I am using it, I think what's happened is I lost my password and I've been using under my friend's password because I can't be bothered asking.' [allied health, primary care]

3.2.4.1 Publicity and registration

Those who had registered (but were not at the time using the service under their password) had heard about KA24 from the library (6 respondents) and from the clinical audit team (1 respondent). One had also seen a poster advertisement.

One interviewee had lost the registration form, changed jobs in the interim and had only just received the new form.

'I reapplied because I couldn't find it and I'm hopeless at remembering passwords. I did use it once before and it was extremely useful, looking up information for my literature search for protocols and it was very useful.' [manager, acute]

3.2.4.2 Expectations

Expectations of the services focused on coursework and research-related needs (both personal and work-related).

'Another data source. I've always had a research background so for me it's access to a source of data.' [manager, acute]

'I'll use it primarily to look up articles on PsycInfo and whatnot for research we are doing at my job.' [researcher, primary care]

'I was planning to do a systematic review so it was for researching...yes I used it and found about 2000 articles.' [doctor, mental health]

One interviewee mentioned that for them access to full text was vital.

'More online journal articles, it's so difficult to get anything in a hurry unless one of the local hospitals has it, and because I work on such a short term project, my contract is only a few months.' [researcher, primary care]

The wish list was largely for more full text journals.

'Yes, I discovered a good number, it was good enough for me, although I would be much happier if there were more psychology journals on it, but you can't have everything.' [doctor, mental health]

Of this group, excluding the interviewee who had moved from the area, two thought of the service as KA24, two used the name HILO, one used the name Athens and one the name OVID.

3.2.4.3 Experience of the service

Of those who had used the service, few reported any problems.

'I think once we had problems saving the results but next time I think it was OK.' [doctor, mental health]

One of the interviewees equated 'technical problems' with the inability to access full text articles.

'[Interviewer: Technical problems?][was] unable to access interesting articles as...not available in full text.' [nurse, acute]

3.2.4.4 Benefits realisation

For those who had not yet had time to use the service benefits were simply their expectations. Others mentioned that they were using the service to support evidence based practice.

'Part of my role will be to do literature searches and evidence based things.' [manager, acute]

3.2.4.5 Working patterns with KA24

Of those asked about Internet usage in this group (5), all used the Internet regularly.

'Yes, daily Monday to Friday, normally a search engine like Google.' [researcher, primary care]

Several of this group, if they had used KA24, used it on a variable basis.

'Now we've got all the results I may use it occasionally for a specific problem or a specific article...maybe twice a week or nothing for two to three weeks.' [doctor, mental health]

Various other resources (paper journals, professional society resources) were mentioned.

'Firstly the Internet, secondly paper journals.'

'I use the Internet consistently, I access CINAHL, and I am registered with a university.'

'Professional society resources like RCN, NICE and the best NIMH.' [nurse, mental health]

'I go to the [name of institute] library...it's quite hard to get access to things because I'm doing my course through an Australian university.' [allied health, primary care]

3.2.4.6 Training and support

Of this group, one had had group training from library staff, which had been useful for doing the review type searches. Another had appreciated personal help.

'Initially it took me some time to get used to all the features but I stuck at it.'

'I sat down with the lady one afternoon and she walked me through it. I don't know if there's formal training available but what I had I found very useful.' [researcher, primary care]

Another indicated that they may book training, though another pointed out that night shift staff often lost out on training opportunities. Under these circumstances the online help may seem a good solution.

'May book training after I have looked at it or ask for help from a colleague.' [scientific/technical staff, acute]

'As and when informal assistance – as difficult on night shifts to find the time for formal training. I have also used guides on the Web site and within the databases themselves.' [nurse, acute]

3.2.4.7 Perceptions of confidence and competence, requirements for mediated searching

Previous experience and training in higher education had provided at least one of this group with skills for using KA24.

'I've had training in the other formats because that was part of my Masters taught course...I go through all the standard search grammar.' [manager, acute]

Of this group, three were in favour of help from the library in mediated searching, but one was against the idea.

'And I suspect for this research job, where projects are funded I won't hesitate to use the library, they are trained to do these searches and it frees me up to do other things, so it's a case of managing resources and project managing time.' [researcher, primary care]

'I tried that before and I found that the searches that came back weren't that useful, I need to look in a very specialised area so it's just easier for me to do it.' [allied health, primary care]

3.3 Interviews with library managers

Interviews with library managers examined the service provider perspective on registration, promotion, training and support.

3.3.1 Registration, publicity and promotion

Library managers perceived two main groups for the initial promotion of KA24: 1) existing networked database users (OVID service) and 2) new users.

Group 1) include many enthusiasts who were *'beating down the doors to join again'*, Group 2) require different approaches.

General publicity methods used include:

- email alerts / mass mailings
- production of a pack based on the KA24 Web site material
- putting up leaflets and posters on noticeboards throughout the Trust
- mentions in the staff newsletter, and clinical governance newsletter
- mention in general staff induction
- library Web site

More specific methods include:

- inclusion of KA24 material in junior doctor induction packs
- print copies of publicity material to targeted community staff
- staff meetings (of particular professional groups)

Word of mouth also works, but on average the number of new users appearing in the library for registration is comparatively low. Most library managers estimated new users at one a day, with the highest estimate being 6-12 a week. Some librarians were aware of their local champions, others were less sure that the enthusiasts were promoting the service to others.

'I know of some enthusiasts and I do tell them to publicise it to their colleagues but I wouldn't say we have champions.'

'The clinical tutor thinks it's the best thing since the health service was set up, he promotes it...some doctors are evangelistic about it.'

Reflections on the effectiveness of promotion included the comment that the outcomes of publicity drives might have been better than 'average', though not, perhaps a result of the quantity of promotion:

'Not as great as we'd like, we keep talking about it, and saying it's a great service and everyone that uses it thinks it's great, but it's just more people seem to be unaware even though we think we're reaching everybody, marketing has always been a problem, I think.'

One librarian suggested that promotion should focus on the benefits to the user, rather than the functions of the system. Centralised publicity drives can only be of limited effect in such circumstances as there might need to be some tailoring of promotion to emphasise benefits to particular user groups. One librarian mentioned that KA24 needs to be promoted as one of several services offered through the local library.

'I think people don't see the relevance of it, I think we have a tendency sometimes to promote features rather than benefits, we say we have this KA24 so people don't realise they can read a journal from their desk, we are not necessarily making the link between what something can do, the technical side and from their point of view, what would make them use it.'

'I think promotion is better done locally because you do tend to get to know your users in your own local population. Centrally produced material might be helpful, a template that you could put your local information on to.'

Smaller libraries can find running large publicity drives time consuming:

'I would really like to have all the publicity drives taken out of my hands because it is something that nags me every so often and I think, I've done it once, now I've got to do it again, and it's so difficult to arrange for people to agree to take leaflets and distribute them.'

A few librarians noted that some community staff were disadvantaged in several respects, and that it was difficult to know what to tackle first. Should such staff be informed about what they were missing, so that they demand better IT facilities? Or should publicity drives wait until the IT is sorted out? And at what stage is the hardware sufficient for KA24 to be accepted and used? Some IT managers are still very anxious about allowing Internet access.

'This is an uphill struggle...I've been to three practices now where they have one PC for everyone, not in the doctor's surgery but in their staff room or work area and the PCT IT staff are not training them in how to use PC's so they don't have keyboard skills unless they've got them from elsewhere.'

'Two years ago the Trust was very reluctant to allow any form of Internet access whatsoever, it was only a change in management that changed that.'

In other Trusts, reorganisation and mergers mean that interest in KA24 is minimal as this was seen as an optional extra, particularly for staff groups affected by the merger. Staff groups less affected (such as the therapists) were more willing to take up offers of registration. In general, interest from the therapists is generally high, and nurses too are keen on the service (particularly if they are not well supported by the local university or too distant from the resources).

Of staff groups who should be targeted, nurses (occasionally), managers and mental health staff were those mentioned most frequently. Social care staff were also mentioned, but the librarians stressed that it was important to ensure the KA24 had resources, such as ASSIA, which would be attractive to those groups. Librarians were not asked about their expectations of take-up by particular staff groups and no librarian volunteered that they expected a certain proportion of staff within a group to use the service. One commented that they thought that more nurses should be using the service in their area.

3.3.2 Training and support

Training and support is taking on a local flavour, with several variations mentioned. The main deficit is in the community with a need for outreach training.

'What we are desperately trying to get is a trainer because I feel we are not doing enough training here...I find it difficult to get out into the community,'

More structured models used included:

- rolling programme for particular database training (weekly basis)

- training of staff within a department
- booked training within the library (size of group depends on facilities)
- one-to-one training (booked)

Most librarians also mentioned that they do informal training on an 'as and when' basis, or at least introduce newly registered users to the basics.

'If they don't [know how to use KA24] and they've got 5-10 minutes [at registration] then we sit down and do it there and then.'

Help-desk type of support is also offered, although practice (and perception of need) varies more than for the type of structured training offered.

'We are a very small library, we do have a lot of people using us in a remote way, so a lot of it is by telephone, like "I don't know what I'm doing" and we call it up and work through it together.'

The norm, however, was that training meant the users went away and that the only follow-up queries concerned lost passwords or logging on problems.

'Logging on is 99% of the queries we receive.'

Librarians were enthusiastic about the Proquest online training offered for full text journals.

'I took part in the Proquest online training session , I thoroughly enjoyed it, I thought it was great for us as professionals. The only problem I had was I had the telephone to my ear for a long time...I thought it was a very good way of introducing something and we could follow the presentation very well...it was a very cost-effective way of training.'

3.3.3 Benefits realisation for users

Most librarians perceived that the main benefits to users were access from home, followed by provision of full text journal articles. One librarian mentioned that provision of a local holdings facility was providing added value to the service.

'I think it's actually given a wide range of people resources that they'd never had before and what they most like about it is being able to do it from home because they don't have time to do from work.'

'I would say full text journals excites them and that's what makes it different from say, PubMed...being able to use it from home is certainly another big thing, which I continually have to remind myself to tell people otherwise there's an assumption that they can only get in on the library computers...we've spent a lot of time and effort in putting on a local holdings facility and that is certainly appreciated.'

A few librarians have observed that some users are using PubMed as they think that electronic full text is only available there, and they are completely unaware that (in London at least) they have access to a large number of full text journals electronically.

One librarian mentioned that ZETOC could be promoted more as that might solve many people's current awareness problems.

In general, librarians have little personal feedback on the value of the KA24 service to users – perceptions are quite impressionistic.

'No, not particularly, they're quite happy with full text, to be honest we don't get a lot of feedback.'

One librarian commented that the presumed benefits were only apparent when some staff had expressed disappointment that there were not more full text journals (in a site outside the London region).

'It's hard to get a lot of feedback, and I think quite a few have been disappointed that their expectations have been too great, they expected more full text and a lot of the journals they wanted haven't been in full text.'

3.3.4 Relationships with Higher Education

These seemed to vary, depending on the local HE provider and the workforce development confederation concerned. Promotion of KA24 was easier when there were good relationships with staff such as student placement promotion officers.

'No contact with nursing tutors but we do have a new post which is very useful to me generally which is the student placement liaison officer and we now organise formally induction for student nurses where I do whiz round KA24.'

3.3.5 Impact on other library services

Provision of centrally provided services such as KA24 theoretically allows librarians locally more freedom to develop other services, provided the impact on other main library functions (such as inter-library loan) is minimal. Views were mixed on the impact on inter-library loans – some librarians thought there was no change overall, with some new KA24 users compensating for the decrease in requests from normal users. Few could offer concrete evidence either way at this stage, although a few hoped to cancel journal subscriptions.

Similarly the impact on mediated searching varied, but few offered concrete evidence, just impressions.

'In the last two years it's remained fairly constant...some people are finding they can do it themselves but others yes they can do it themselves but can't find the time.'

3.4 Questionnaire findings

The aim of the questionnaire was to complement the interview data, particularly for some staff groups in primary and community care that might be difficult to target for interview. The rather low response (42.3%) makes generalisation of the questionnaire data difficult, but views of some staff groups such as GPs, practice nurses, and pharmacists are represented more fully than they are in the interviews (Tables 1 and 3).

The response rate varied across the workforce development confederations, with the highest response being 78 returns and the lowest 15 returns (Table 2).

Views are categorised in the same way as those of the interviews:

- publicity and registration
- expectations
- experience of the service
- benefits realisation
- working patterns with KA24
- training and support
- perceptions of confidence and competence, requirements for additional support or mediated searching.

3.4.1 Publicity and registration

Most (62.5%) were aware they had registered for the service, but a comparatively high proportion (16.9%) claimed they were not registered users, and 10.8% were unsure whether they were registered or not. It is almost impossible to gauge the scale of password sharing but these figures together with the interview data (Sections 3.2.1.1 and 3.2.2.1) suggest that password sharing practices are common.

Library publicity was the most influential, with 36.1% claiming that they had heard about the service through the library. The next most popular route was hearing about the service from a colleague (9.1%). Induction or leaflet/posters had been influential for 5.7% of respondents. A sizeable minority, 14.2%, claimed that they had not heard about the service before receiving the questionnaire.

Some different patterns of response may be evident across the various workforce development confederations. Library publicity appeared most effective among respondents from the following WDCs: North West London, South East London, and South West London, and least effective in the North Central WDC (but low response in this WDC makes this unreliable). Leaflets and posters are mentioned most frequently in the following WDC: Thames Valley (but the numbers in this category overall are small).

3.4.2 Expectations

The service had definitely met or exceeded expectations for 29.4% of the respondents, whereas only 3.7% indicated that they were disappointed with the service.

The name most frequently associated with the service is OVID (Table 6). The pattern differs from that of the interviewees:

- OVID (47.6%)
- Athens (37.5%)
- KA24 (36.8%)
- HILO (14.9%)

WDC	Preferred names for the service
Thames Valley (BOB) n=40	OVID
Hampshire and Isle of Wight (HIW) n=22	OVID
Kent, Surrey and Sussex (KSS) n=78	OVID, Athens =
North West London (IWL) n=51	OVID
North Central London (NLC) n=15	OVID
South East London (SEL) n=39	KA24
South West London (SWL) n=25	OVID, Athens =
North East London (TPM) n=26	KA24

Table 6 Name preferences (questionnaire survey)

3.4.3 Experience of the service

Experience of the service seemed satisfactory, with easy access to the service claimed by 41.2% of the respondents. Work pressures are however evident, with 11.8% claiming that it was almost impossible to find time during the working day to use the service (Table 7). The time savings experienced were valued. Very few provided additional comments, and these reflected sentiments expressed by the interviewees for more full text journals, more on mental health, an expectation that they would improve their skills with training and practice, but that it was, overall, an essential service.

Opinion statement	Number of respondents in agreement	Percentage of total (%) n=296
I have easy access to the service	122	41.2
Service saves time	94	31.8
Service met or exceeded expectations	87	29.4
Almost impossible to find time in working day (to use)	35	11.8
Logging on is difficult	20	6.8
Service is difficult to use	6	2.0

Table 7 Experience of using the service (questionnaire survey)

3.4.4 Benefits realisation

The main groups of questionnaire respondents were junior doctors (25.0%), hospital nurses and midwives (21.3%), allied health professionals (9.8%) and GPs (8.1%), and the

pattern of benefits (Table 8) reflects the likely needs of those groups. High proportions acknowledge that they are likely to use KA24 in the future, or that they use the service for research-related purposes, and/or coursework at present. KA24 is being used to support clinical governance and evidence-based practice, but perhaps not embedded within clinical practice as use is occasional rather than frequent.

Benefit opinion	Percentage in agreement (%) n=296
Frequently need to use KA24 for work	25.0
Don't need to use KA24 for work	2.7
Occasionally use KA24 for CPD/coursework	28.4
Occasionally use KA24 for clinical guidelines / clinical governance	20.6
Occasionally use KA24 for general updating	19.9
Occasionally use KA24 for care of patient	17.9
May need to use KA24 in future	30.1
Use KA24 for research-related purposes	29.4

Table 8 Benefits of KA24 use (questionnaire survey)

3.4.5 Working patterns with KA24

Many of the questionnaire respondents, like the interviewees, were regular Internet users. Nearly three in four of them used the Internet at least once per week, nearly half could access the Internet at work from their own PC, and one in three used a shared PC, or another workstation (e.g. in the Library). Very few claimed they did not use the Internet, and very few could not access the Internet easily at work (Table 9). That does not mean that there are not groups of staff for whom access is difficult, and the profile of respondents (largely hospital-based, or GPs) must be remembered. More claimed to use the Internet at home than at work, which suggests that access at work might be easier than it is.

Use of the Internet: opinion statement	Percentage of respondents in agreement (%) n=296
Use the Internet at least once a week	75.3
Use the Internet less than once a week	8.4
Do not use the Internet	1.7
<i>Place of possible access</i>	
Access at work from own PC	46.6
Access at work from shared PC	33.8
Access at work from public PC	37.8
Cannot easily access at work	5.7
Access the Internet at home	65.5
Access Internet by Internet cafe	1.0
Access by friend's computer	0.7
Access the Internet in a public library	0.7
Access the Internet by mobile phone	0.3

Table 9 Patterns of Internet use (questionnaire survey)

3.4.6 Training and support

Around half the respondents had received some sort of training, though mostly this was informal assistance from the Library on an 'as and when' basis (Table 10). Around one in 10 did not perceive a need for training, and one in 20 had not been able to take up the offer of training. Other routes of assistance had been used, and colleagues were used twice as frequently as training tutorials on the website. More specific help, the online guides within the databases were used, as often as colleagues. Comments indicated that there were no other training routes used, with a small number mentioning university-based training or associated training on Athens.

Training and support	Percentage of respondents in agreement (%) n=296
Library service – informal training on an ‘as and when’ basis	23.8
Library service formal training one to one	14.2
Library service formal group training	13.2
Assistance from colleague	8.4
Used online guides in databases themselves	7.8
Used training tutorials/guides on website	3.7
Assistance at home/from relative	1.4
Offered training but unable to take it up	4.7
Did not perceive need for training	9.1

Table 10 Training and support (questionnaire survey)

3.4.7 Perceptions of confidence and competence, requirements for additional support or mediated searching

The views of respondents on their IT skills were mixed, and under half expressed an opinion one way or the other on the confidence in using KA24, which might be explained by the fact that under a quarter claimed they used KA24 frequently in their work (Section 3.4.4). Although the levels of competence and computer are moderately high, there is some room for improvement (Table 11).

IT skills opinion statement	Percentage of respondents in agreement (%) n=296
Usually competent using computers	63.9
Use computers in work	54.1
Do not usually feel confident with computers	13.9
Do not need to use computers often in work	6.8
Confident using KA24	28.7
Not confident using KA24	15.2

Table 11 Confidence and competence in IT (questionnaire survey)

4.0 Synthesis of findings

This section synthesises the findings from the interviews, and the questionnaires together with the main indications from the May online survey.

4.1 Publicity and registration

Some of the more established users of the KA24 service found it hard to remember how they had come across the service, as for them it was a development of something they had previously used.

Library staff appear to be informing potential users of the service, and information sheets in the library are also used. Supplemental advertising such as flyers, or posters were mentioned (though rarely).

Colleagues at work often provide the extra push, or the jog to the memory. 'Word of mouth' is a method of publicity that works for KA24. Interestingly, some of the daily users are enthusiastic champions of the service and promote the service to their colleagues and to attachments to their units. Sometimes librarians know who the local champions are, sometimes they seem less sure. Most libraries saw only one new user a day, which implies that clinical champions or contacts need to be used to reach more potential users.

Publicity campaigns should (if they are not already doing so) focus on departments where there is likely to be more intensive usage of KA24. Champions there might take responsibility for ensuring other colleagues know about the service and get registered. Relationships between the library and clinical governance varied, but the less well developed relationships were usually associated with newly formed units. Examples of possible enthusiast departments identified in the survey include:

- practice development units
- clinical audit
- research projects (including systematic review projects) / research nurses
- clinical governance
- medicines information/pharmacies

Publicity campaigns are hard for smaller libraries to orchestrate, and the consensus was for some centralised publicity framework, with room for tailoring to local requirements.

4.2 Expectations of the service

Expectations of the service were obviously influenced by previous experience of networked services offered by the libraries. OVID, for example, was the name most of the questionnaire respondents associated with the service, while junior doctors in the London area who were 'new users' were more likely to refer to HILO in interviews.

The name should perhaps indicate the expectations that most registered users have of the service. Although databases are the way the service started, the main draw is the full text journals, as for most users the databases are only seen as a means (and sometimes a rather irritating one) to an end, and that end is full-text articles.

If the service decides that a new image and new name is desirable then we recommend that the name should convey both the 'feel' of the service as well as what it is offering. For example, KA24 does convey the message that '24 hour access' is a key feature and the name is rather like a road name which also conveys the message that this service is about getting you places where you need to go. Some library managers also stressed the need to promote and market the benefits of the service, rather than service functions.

The key benefit now for users of the KA24/HILO service is access to journal articles, with database access next. The main problem at present is managing unrealistic expectations, and users expect to be able to obtain every article they want. Ideally, any new name for

the service needs to get both those messages across. Some starter possibilities for a brainstorming session might include:

- CAKE – Collections of Articles and Knowledge 'Ere
 - Associations – good to eat, eat in slices, cutting the cake different ways, not always getting your favourite cherry, you can't have your cake and eat it
- KOALA – Knowledge and Online Articles Largely Available
 - Associations – cuddly, restricted diet, large ears (for listening to your needs)
- OAKS – Online Articles and Knowledge Service
 - Associations – very English, hearts of oak – core content, different types of oak trees, acorns – from little bits of knowledge.

4.3 Experience of the service

Experience of the service is largely unproblematic. The May online survey confirms that, with 89.3% of the respondents giving no indication of particular problems, and around 60% of respondents reporting no problems at all. The bad experiences are those associated with dealing with the main expectation of the service – obtaining full text. Timing out was mentioned as a difficulty for some daily users, for the less frequent users technical problems may equate to not obtaining the full text journal articles they think should be there.

For most, however, the time savings are a key feature of the service, and even those who (apparently) search infrequently appreciated the fact they could search from home, or from their desks. The questionnaire data also indicated that few feel the service is difficult to use. One interpretation of the numbers agreeing with some of the opinion statements is that users do not find the service that difficult to use, access is possible, often quite easy, but that many do not have enough experience of using the service to judge whether their expectations are being met, as their usage is not frequent and that they are still on the lower slopes of the learning curve. The May online survey suggested that the majority of the users are using the service between 2 and 6 times a month. The findings for the May online survey found that 21.2% found the service very easy to use, 37.0% found it fairly easy to use, 37.4% did not respond to the question, and only 3.5% said it was not very easy to use.

Although the May online survey, together with the interviews and the questionnaires suggest that for most users the service is easy to access and use, there may be pockets where that is not the case. The May online survey was dominated by responses from acute trusts (54.7% of responses), with mental health trusts (12.6%) and primary care trusts (18.9%) much lower, and ambulance trusts contributing only 0.1%.

4.4 Benefits realisation

There is some evidence of changes to routine practice to incorporate use of KA24 as an integral part of routine clinical or professional practice, but only among the daily users, and particularly among the research active. The questionnaire data confirmed those trends, with over one in four using KA24 for research related purposes, and one in four (not necessarily the same group) frequently using KA24 in work. The main benefit for the majority is the saving of time. The May online survey figures confirm that picture of benefits with 45% reporting that KA24 is very useful and only 0.9% reporting that it is not very useful.

KA24 is used for a variety of reasons – CPD and coursework, clinical guideline development, clinical governance activities, general updating and nearly one in five of the questionnaire respondents reported that they occasionally use KA24 for direct patient care queries. Questionnaire respondents supported the views of many of the interviewees, and around 30% expected to use KA24 in the future. The findings from the May online survey reflect this pattern. Excluding those who did not answer the question in the online survey (n=815, 22.0% of respondents), 17.6% (509/2894) used the information

obtained on a recent occasion for patient care, 24.7% for research, 19.6% for coursework, 23.8% for more than one reason including patient care. Other reasons included CPD (7.5%) and more than one reason, excluding patient care (4.6%), information for others (1.1%) and training purposes (less than 1%).

To provide more benefits, KA24 enhancements would need to make that research easier and faster (more cross database searching, seamless linking to full text articles across databases). Mostly the service appears to satisfy needs and the May online survey found that only 5.4% of the respondents had not found the information they wanted, and 16.4% had found something, though not everything required.

Access for full-text articles – the demand for this is limitless, and there is a problem of managing expectations. Those coming from an HE background may be irritated that they cannot get access to key journals in their field that were available through one of the e-journal collections available to HE. The range of journals in the psychiatry and psychology area might be expanded to suit the needs of those in mental health and primary care. These sectors are still the 'cinderella' services in some areas. One marketing problem is that many users in mental health and primary care, who have not used hospital libraries frequently, may have more unrealistic expectations of journal access than those who are more used to the restricted diet of journals on display on the library shelves.

4.5 Working patterns

Although this may be an artefact of the sample who volunteered to take part, the number of regular Internet users across the interviewees was startling, but confirmed by the questionnaire data which indicated that nearly three in four of the questionnaire survey respondents used the Internet at least once a week. KA24 is likely, therefore, to be viewed as a search engine, although a special type of search engine.

Nearly two thirds of the questionnaire respondents could access the Internet from home, and nearly half from their own PC at work. A third had access to a shared PC, or a public PC at work. Only 6% reported problems in access to a PC at work. The May online survey also indicated the importance of home-based access, as the group completing the survey at home was (at 37.4%) the largest category, with 32.5% working at their own desk at work, 15.9% from elsewhere at work and 10.1% in the library.

There was some evidence that users were beginning to shift towards more reliance on KA24 and less on paper-based resources – more so for journals than for books. Several of the more active users made suggestions on how to improve KA24 so that it become more tightly integrated into their way of working and researching. Customisation, and integration into other software they are using were the features mentioned.

No interviewee volunteered a comment about integration of KA24 into patient care records systems. It may still be seen as a reference resource, a support for evidence based practice, but not, perhaps, part of the daily diet, unless the users are working in posts such as medicines information or research posts.

4.6 Training and support

Those who had received training from the library had found this useful, but a large proportion of the interviewees did not see the need for formal training, particularly when this is difficult to undertake with the variable nature of their clinical workload. Nearly one in ten of the questionnaire respondents did not see the need for training at all. Around half the questionnaire respondents had received some sort of the training, usually informal training from the library on an 'as and when' basis. Interestingly, and probably a reflection of the amount of searching done at home, questionnaire respondents used the online guides within the databases as much as advice from colleagues. Working through tutorials was not as popular as specific advice when required, presumably. Adding up the figures from the questionnaire survey suggests that there is a training gap. If 50% have received some training, 10% are not interested at all, and around 10-20% are making use

of online guidance or colleagues' advice, then that leaves 20-30% who might appreciate some training.

As one of the main advantages to the users of using KA24 is saving time, over other means of obtaining the same information, several expressed interest in some assistance or advice on 'shortcuts' or more advanced features they could use to save time and obtain a better focused search. This could be offered on a 'help-desk' basis, although most libraries found they are coping more with simple password queries, rather than queries on advanced searching techniques.

There are many similarities across all the groups (daily users, first time, infrequent, and non-users) in general feelings of competence and confidence in searching. It cannot be assumed, therefore, that a first-time user is a novice searcher, nor that infrequent users see themselves as such. Targeting training and support is not as easy as it might seem, as the simple categorisation of users based on their apparent usage pattern is no indication of their training needs. The problem is aggravated by the password sharing problem, as several interviewees acknowledged they did this.

It might be more appropriate to target training and support according to the type of activities or purposes, rather than the competence and confidence of the users.

For example, several groups of users could be identified from the interview data:

- A) Novices, possibly using KA24 to help in coursework, with less confidence using computers (often nurses)
- B) Internet-savvy, using KA24 for coursework and also some research at work (often allied health professionals)
- C) Research active/researchers/ audit or practice development, using KA24 on a regular basis for work, likely to have had (or to have) experience of HE facilities
- D) Infrequent or occasional users who use KA24 for clinical practice or personal research interest as a supportive activity, and may use other resources (could include GPs, primary care development)
- E) Information professionals (medicines information as well as library staff)
- F) Junior doctor 'bright sparks' (often have good ideas for service enhancements)

One potential problem was apparent from the interviews with library managers. It is difficult for the libraries to tailor training and support when they themselves get little feedback from the users of KA24. They promote, train, but there is a gap in the feedback loop which would inform their future planning of local support.

Appendix 1 Interview schedule

FIRST TIME, INFREQUENT & DAILY USERS

Preliminaries –

- **assurance of confidentiality** of information between the interviewee and the independent evaluation team
- **anonymity** of any comments made
- ask for **permission for interview to be taped**, to ensure that the information provided is an accurate reflection, and transcribed (emphasising that comments will be ascribed only to their professional role)
- data will be retained only as long as necessary for the reporting.

Brief explanation of the purpose of the interview. To examine how the KA24 service could further benefit patient care (and the organisation you work for) and continuing professional development (personal benefits for you)

Location On sheet
Profession On sheet
Frequency of use – by group

Q1a How did you find out about the service?

Colleague, Library, Induction, Leaflet/poster

Q1b What name do you think of for the service...what name do you generally use?

KA24 – bibliographic databases

HILO – access page, range of resources incl. KA24, Cochrane, Anatomy TV

OVID – interface

Athens – range of resources

Q1c How did you find the registration process – how did you register and was that a smooth process?

paper, online, print off/post

Q2a What attracted you to trying out the service?

Recommendation of colleague or friend, librarian, poster/advertisement/leaflet

Q2b What were your expectations of the service as far as you were concerned, what did you expect to get out of it?

Patient care info, help with coursework,/research

Full text for all journals

Types of publications/subject range

Q2c When using KA24, have the benefits met your expectations, exceeded expectations or were they only partially met?

Information available

Time saving

Q2d [INFREQUENT AND (particularly) FREQUENT USERS only] What are the main benefits to you – in terms of work, care of patients, CPD, coursework or research?

Q3 What is your experience of using the service?

Q3a [FIRST TIME USERS ONLY] What were your initial impressions? Can you describe what you thought about the layout, the way you navigated around the site?

Q3a [INFREQUENT AND FREQUENT USERS] What are your impressions of using the site - do you find it easy to navigate? How does it compare to other sites and services you

use? [try to obtain some examples of good points and bad points rather than superficial comparisons]

Saves time, Easy access, Disappointed, Difficulty access/time, Ease of use

Q4a Is the service convenient for you to use – is access easy for you?

Location of computer(s) – desk, shared, library, home, portable

Q4b Have you encountered any problems – and what are the drawbacks as far as you are concerned?

Access, physical & technical

Q4c Would you, or do you use this service on behalf of other people?

Q5 For a recent occasion when you used KA24 – can you tell me a bit more about the situation surround the search – and how KA24 fitted into the scene? At what stage was KA24 used? What prompted you to use KA24? Which KA24 resources did you use?

(What other resources were used...

- what a colleague has told me
 - own books and journals (paper/electronic – which ones?)
 - departmental resources (paper?)
 - professional society resources (like?)
- Library
Internet – how many times a wk do you use internet

Q6a Have you had any training/asked for advice/used any tutorials for KA24?

help and support from library

- formal training (group)
- formal training (one-to-one)
- as and when, informal assistance
- assistance from colleague
- assistance from home/relative
- training tutorials / guides on the website
- online guides within the databases themselves

Q6b Or did not perceive need for training, where did IT/ use of databases training/experience come from?

Q7a Do you feel confident in using the service? Could you explain why?

- confident – learnt through experience using the service
- confident because of prior experience using such databases (at Uni)
- competent in Internet searching generally
- competent in IT, therefore feels confident in using KA24
- (probably a category for arrogant know-alls!)
- not confident – not that much experience in using KA24
- forgotten what was covered in training
- rarely use computers
- hate using computers

Q7b Are there occasions when you would like library staff to do some searching on your behalf?

- satisfied with own searching
- not satisfied – would like some help occasionally.... e.g.

CLOSING – Thanks and ensure that participants are still happy over comments supplied [i.e. informed consent OK!]

Appendix 2 Questionnaire

KA24 questionnaire to 'random' sample of users across a range of Trusts.

Aim to complement the interview questions by identifying the scale of any promotion/awareness/training deficits, as well as assessing whether local IT infrastructure presenting a barrier to uptake.

Preliminaries (on a covering letter)

- assurance of confidentiality of information anonymity of any comments made
- data will be retained only as long as necessary for the reporting

Brief explanation of the purpose of the questionnaire – to examine how the KA24 service could further benefit patient care (and the organisation you work for) and continuing professional development (personal benefits for you).

To be enclosed with questionnaire: registration form and leaflet/flyer

Q1 Which of the following best describes your professional role?

Consultant	<input type="checkbox"/>	GP	<input type="checkbox"/>
Junior doctor	<input type="checkbox"/>	Practice Nurse	<input type="checkbox"/>
Hospital Nurse or Midwife	<input type="checkbox"/>	Community Nurse or Midwife	<input type="checkbox"/>
Allied Professional	<input type="checkbox"/>	Scientific or Technical	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	Researcher	<input type="checkbox"/>
Manager/admin	<input type="checkbox"/>	Information Professional	<input type="checkbox"/>
Other (specify if possible)	<input type="checkbox"/>		<input type="checkbox"/>

Q2 Which of the following statements best describes your awareness of the KA24 service (which you may know as HILO, Athens or OVID online). Please tick all categories that apply.

2.1 The name that I have heard most is:

KA24	<input type="checkbox"/>	HILO	<input type="checkbox"/>
OVID	<input type="checkbox"/>	Athens	<input type="checkbox"/>

2.2 I am aware that I have registered for the service ☐

2.3 I am not sure whether I am registered or not ☐

2.4 I have not registered for the service ☐

2.5 I have heard about the service:

A colleague told me about the service ☐

The library told me about the service ☐

I heard about the service during induction ☐

I saw a leaflet or poster similar to the leaflet enclosed ☐

Other (please specify): ☐

2.6 To the best of my knowledge, I have not heard about the service before ☐

IF YOU HAVE NOT USED THE SERVICE BEFORE, PLEASE GO TO Q6

Q3 Have you had any training or support for using KA 24? Please tick all categories that apply.

3.1 Library staff have helped me through:

formal training (group) ☐

formal training (one-to-one) ☐

as and when, informal assistance ☐

3.2 A colleague has helped me ☐

3.3 I have had help at home ☐

3.4 I have used training tutorials / guides on the website ☐

3.5 I have used online guides within the databases themselves ☐

3.6 I was offered training but was unable to take this up ☐

3.7 I did not perceive a need for training ☐

3.8 Any further comments?

--

Q4 What is your experience of using the service? Please tick all categories that apply.

- 4.1 The service has met, or exceeded my expectations []
4.2 The service saves me time []
4.3 I have easy access to the service []
4.4 I have been disappointed in the service []
4.5 It is almost impossible to find time during the working day to use the service []
4.6 I find logging on to the service difficult []
4.7 I find the service difficult to use []
4.8 Any further comments?

Q5 Has KA24 helped you in your work, CPD or research? Please tick all categories that apply.

- 5.1 I don't need to use KA24 for my work []
5.2 I frequently need to use KA24 in my work []
5.3 I occasionally need to use KA24 for
CPD/ course work []
clinical guidelines, clinical governance []
activities
general updating []
care of an individual patient []
5.4 I may need to use KA24 in my work in the future []
5.5 I use KA24 for research-related purposes []

Q6 How would you rate your IT skills? Please tick all categories that apply.

- 6.1 I usually feel competent using computers []
6.2 I use computers in my work []
6.3 I do not usually feel competent using computers []
6.4 I do not need to use computers often in my work []
6.5 I am confident in using KA24 []
6.6 I am not confident in using KA24 []

Q7. Do you have access to the Internet? Please tick all categories that apply.

- 7.1 I use the Internet at least once a week []
7.2 I use the Internet less than once a week []
7.3 I do not use the Internet at all []
7.4 I can access the Internet easily at work
From my personal computer []
From a computer shared with []
colleagues
From a public access computer (e.g. in []
the library)
7.5 I cannot access the Internet easily at work []
7.6 I use the Internet at home []
7.7 I access the Internet by other means (Please specify) []

Appendix 3 Online survey results summary

SUMMARY OF RESULTS FROM THE KA24 ONLINE SURVEY

	Respondents	% of total
Q1 Have you used KA24 before?		
Yes 5 or more times	2514	67.8
Yes fewer than 5 times	443	11.9
No this first time	720	19.4
No answer	32	0.9
	3709	100.0
Q2 The last time you used the service, what was the information for?		
Patient care	509	13.7
Research	715	19.3
Coursework	566	15.3
CPD	217	5.9
>1 incl patient care	688	18.5
>1 excl patient care	133	3.6
Other	66	1.8
No answer	815	22.0
	3709	100.0
Q2a Other - in response to free text.		
Presentation/Report/Case study	11	0.3
Interview preparation	2	0.1
Reference check	7	0.2
Teaching/Training purposes	19	0.5
Info for others as part of job	31	0.8
Audit purposes	3	0.1
Evaluation purposes	4	0.1
No answer	3632	97.9
	3709	100.0
Q3 The last time you used the service, did you find the information you wanted?		
Yes	2067	55.7
Not quite	624	16.8
No	199	5.4
No answer	819	22.1
	3709	100.0
Q4 The last time you tried to use the service, did you have any difficulties?		
Severe	125	3.4
Minor	621	16.7
None	2127	57.3
No answer	836	22.5

	3709	100.0
Q4a Difficulties - in response to free text.		
Need training/lack of experience	20	0.5
Slow service	24	0.6
Database navigation problems	35	0.9
Not enough full text	36	1.0
Couldn't find required information	31	0.8
Timed out too quickly	37	1.0
Logging on problems	45	1.2
Combining searches	7	0.2
Password problems	18	0.5
Database/page unavailable	15	0.4
Keyword/searching problems	39	1.1
Not enough journals	13	0.4
Printing/download/pdf problems	18	0.5
Technical access problems	52	1.4
Saving/emailing problems	6	0.2
No answer	3313	89.3
	3709	100.0
Q5 How useful do you find KA24?		
Very	1669	45.0
Fairly	628	16.9
Not very	28	0.8
Not useful	1	0.0
Not sure	18	0.5
No answer	1365	36.8
	3709	100.0
Q6 Do you find KA24 easy to use?		
Very	787	21.2
Fairly	1374	37.0
Not very	129	3.5
Difficult	16	0.4
Not sure	17	0.5
No answer	1386	37.4
	3709	100.0
Q7 How often do you use KA24?		
< once a month	283	7.6
> 1 a month < 1 a week	862	23.2

	> 1 a week < 1 a day	813	21.9
	Daily	212	5.7
	Variable	159	4.3
	No answer	1380	37.2
		3709	100.0
Q8	Where is the computer you are using now?		
	Library	376	10.1
	Work 1 - own desk	1205	32.5
	Work 2 - not own desk	590	15.9
	Home	1386	37.4
	Other	25	0.7
	No answer	127	3.4
		3709	100.0
Q8a	Other places - in response to free text.		
	University/medical school	5	0.1
	Home and work	6	0.2
	Hospital	4	0.1
	Work, Library and Home	2	0.1
	Other workplace	2	0.1
	Relatives	1	0.0
	Internet cafe	8	0.2
	Airport	1	0.0
	No answer	3680	99.2
		3709	100.0
Q9	Which of the following categories best describes your role?		
	Consultant	410	11.1
	GP	56	1.5
	Practice nurse	111	3.0
	Junior doctor	646	17.4
	Hospital nurse/midwife	782	21.1
	Community nurse/midwife	243	6.6
	Allied health professional	515	13.9
	Scientific/tech staff	80	2.2
	Researcher	163	4.4
	Manager/Admin	81	2.2
	Information professional	206	5.6
	Other	211	5.7
	No answer	205	5.5
		3709	100.0

Q9a Other roles - in response to free text.		
Lecturer/teacher/trainer	25	0.7
Pharmacist	61	1.6
Psychologist	43	1.2
Public health worker	19	0.5
Associate specialist	24	0.6
Student eg. nurse, health visitor	91	2.5
Other	199	5.4
No answer	3247	87.5
	3709	100.0

Q10 Which of the following NHS organisations do you come under?		
Acute trust	2027	54.7
Mental health trust	467	12.6
Primary care trust	702	18.9
Strategic health authority	54	1.5
Ambulance trust	4	0.1
NHS Direct	120	3.2
Other /Not NHS	162	4.4
No answer	173	4.7
	3709	100.0

Q10a Other organisations - in response to free text.		
University/education	41	1.1
Tertiary care and specialists	24	0.6
Health Protection Agency	23	0.6
Private sector care	18	0.5
Other trusts	12	0.3
Charity/voluntary organisations	12	0.3
Hospice care	10	0.3
Workforce Dev Confederation	6	0.2
GP practice	4	0.1
Deanery	4	0.1
Other	29	0.8
No answer	3526	95.1
	3709	100.0

Q11 What are the first 3 letters of your user name?		
BOB	169	4.6
HIW	284	7.7
IWL	742	20.0
KSS	376	10.1
NLC	555	15.0
SEL	580	15.6

SWL	128	3.5
TPM	427	11.5
Other	139	3.7
No answer	309	8.3
	3709	100.0

Q11a Other (where more than 2 users) - in response to free text.

abc	3	0.1
cha	6	0.2
FER	6	0.2
fra	3	0.1
hpa	4	0.1
kcl	6	0.2
nay	3	0.1
siv	3	0.1
sot	14	0.4
stl	3	0.1
tre	5	0.1
tvu	3	0.1
uni	3	0.1
Other - less than 3 users	197	5.3
No answer	3453	93.1
	3709	100.0